## PART B - FEE(S) TRANSMITTAL

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81178 7590 09/14/2011

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APPLN. TYPE

nonprovisional

Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

3580 Carmel Mountain, Road, Suite 300, San Diego, CA 92130

ISSUE FEE DUE

\$355 \$870

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Teri Barnett	(Dapositor's name)
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VIA ELECTRONIC FILING / November 29, 2011	(Date)

TOTAL FEE(S) DUE

\$1055\$1170

DATE DUE

12/14/2011

1	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/680,965	10/07/2003	William J. Crilly JR.	1959-9	6070

\$300

PUBLICATION FEE DUE PREV. PAID ISSUE FEE

\$0

TITLE OF INVENTION: DETECTING WIRELESS INTERLOPERS

SMALL ENTITY

YES

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EXAMINER	ART UNIT	CLASS-SUBCLASS		
POWERS, WILLIAM S	2434	726-003000	='	
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1,563).  31 Change of correspondence address (or Change of Correspondence Address form PTOSB/122) attached.  32 "Fee Address" indication (or "Fee Address" indication form PTOSB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the name of a single	3 registered patent attorneys vely, e firm (having as a member a agent) and the names of up to rucys or agents. If no name is	1 Mintz, Levin, Cohn, Ferris, 2 Glovsky and Popeo, P.C. 3
ASSIGNEE NAME AND RESIDENCE DA				
PLEASE NOTE: Unless an assignee is ide recordation as set forth in 37 CFR 3.11. Co	ntified below, no assignee inpletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assignee is identifi assignment.	ed below, the document has been filed
(A) NAME OF ASSIGNEE		(B) RESIDENCE: (CITY	and STATE OR COUNTRY)	
XR Communications, LLC		New York,	NY	

XR Communications, LLC Distriction Nico

Please check the appropriate assignee category or categ	cories (will not be printed on the patent):	individual	Corporation of other private group entity	- Covering
ta. The following fee(s) are submitted:	4b. Payment of Fee(s): (I		pply any previously paid issue fee shown ab	ove)

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit a overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this Advance Order - # of Copies \_\_ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above)

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Authorized Signature Comb DM III	Date November 29, 2011
Typed or printed name _ Carl A. Kukkonen, III	Registration No. 42,773

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